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DATE: March 1, 2006

PTO IDENTIFIER: Application Number 10/667,141-Conf. #7197
Patent Number

Inventor: Mario H. SKIADOPOULOS et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: BIRCH, STEWART, KOLASCH & BIRCH, LLP
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Attorney Dkt. #: 1173-1034PUS2

PAGES (Including Cover Sheet): 5

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Power of Attorney, Revocation Change of Correspondence Address (1 page)
Statement Under 37 CFR 3.73(b) (1 page)
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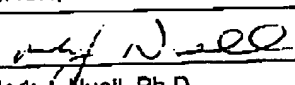
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/667,141-Conf. #7197	
	Filing Date	September 18, 2003	
	First Named Inventor	Mario H. SKIADOPOULOS	
	Art Unit	1648	
	Examiner Name	T. M. Brown	
Total Number of Pages in This Submission	3	Attorney Docket Number	1173-1034PUS2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP	
Signature		
Printed name	Mark J. Nuell, Ph.D.	
Date	March 1, 2006	Reg. No. 36,623

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/667,141-Conf. #007197
	Filing Date	September 18, 2003
	First Named Inventor	Mario H. SKIADOPOULOS
	An Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	1173-1034PUS2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 33883☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Norbert Pontzer, Ph.D., Technology Licensing Specialist

Date

3/13/06

Telephone

301-435-5500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Mario H. SKIADOROULOS et al.Application No./Patent No.: 10/667,141 Filed/Issue Date: September 18, 2003RECOVERY OF RECOMBINANT HUMAN PARAINFLUENZA VIRUS TYPE 2 (HPV2) FROM
CDNA AND USE OF RECOMBINANT HPV2 IN IMMUNOGENIC COMPOSITIONS AND AS
VECTORS TO ELICIT IMMUNE RESPONSES AGAINST PIV AND OTHER HUMAN
PATHOGENS

Entitled:

Government of the United States of America,
Represented by the Secretary, Department of
Health and Human Services. The
(Name of Assignee)a Government Agency
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015358, Frame 0209, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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2. From: _____ To: _____
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The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.
(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature

Norbert Pontzer, Ph.D.
Printed or Typed NameTechnology Licensing Specialist
Title

Date

Telephone Number

Birch, Stewart, Kolisch & Birch, LLP

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